



U.S. Department of Veterans Affairs Veterans Benefits Administration

SURVEY OF VETERANS SATISFACTION with the VA VOCATIONAL REHABILITATION AND EMPLOYMENT PROGRAM

Thank you for your help with this important project. This booklet contains questions about your recent experience with VA's Vocational Rehabilitation and Employment (VR&E) Program. Please base your answers only on your most recent experience with this program (Chapter 31).

Please read and answer the following question first.

According to their records, VA received an application from you for its **Vocational Rehabilitation and Employment Program (VR&E)**, OR you are currently participating in the program, OR have participated in the past. Is this true?

- ☐ Yes (Continue to instructions on the next page of the booklet, complete the rest of the questionnaire as soon as possible, and mail it in the enclosed postage-paid envelope.)
- ☐ No (STOP. You do not have to complete the rest of this questionnaire, but please return the questionnaire in the enclosed postage-paid envelope.)

Again, we thank you for helping VA provide better service to veterans.



DO NOT WRITE IN THIS AREA

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INSTRUCTIONS

The survey will take about 15 minutes to complete.

Please read each question carefully and respond by filling in the oval of the response that most closely represents your opinion.

Correct Mark



Incorrect Marks



- Use pencil or pen. Make heavy dark marks that fill the ovals completely. If you wish to change an answer, erase cleanly (pencil), or put an "X" over the incorrect response (pen).
- Fill in one answer circle for each question unless it tells you to "mark all that apply". (See example below)
- When you are finished, please place the questionnaire in the enclosed postage-paid envelope and put it in the mail.

Example:

31. Were you generally able to get the information you needed on the first call or contact?

- ☒ Yes
☐ No

Please watch for "SKIP" instructions—they tell you when to skip over a group of questions that you do not need to answer.

OMB Control Number 2900-0569

Public Reporting Burden Statement

VA may not conduct or sponsor, and respondent is not required to respond to this collection of information unless it displays a valid OMB Control Number. All responses are voluntary. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have comments regarding this burden estimate or any aspects of this collection of information, call 1-(800)-827-1000 for mailing information on where to send your comments.

APPLYING FOR VR&E BENEFITS

1. How did you FIRST learn about VA's Vocational Rehabilitation and Employment (VR&E) program? (Mark only one.)

- ☐ Pre-discharge briefings (TAP/DTAP)
- ☐ Pre-discharge physical
- ☐ VA pamphlet/brochure
- ☐ VA medical facility
- ☐ Other VA facility/outbased location
- ☐ Letter from VA awarding service connected disability
- ☐ Veterans Service Organizations (for example the DAV or American Legion)
- ☐ State Veterans Affairs Offices
- ☐ Department of Labor
- ☐ State or local vocational or employment offices
- ☐ College or University
- ☐ Friends or family
- ☐ Other veterans
- ☐ Internet

2. Looking back, how much of what you NEEDED TO KNOW did you get from this source?

- ☐ All
- ☐ Most
- ☐ Some
- ☐ Little
- ☐ None

3. How accurate was the information you received?

- ☐ Very accurate
- ☐ Somewhat accurate
- ☐ Neither accurate nor inaccurate
- ☐ Somewhat inaccurate
- ☐ Very inaccurate

4. What is the MOST IMPORTANT reason you applied for the VR&E program? (Mark only one.)

- ☐ To get a job
- ☐ To get a better job
- ☐ To further my education
- ☐ To get training for a new job
- ☐ To get a job that accommodated my disability
- ☐ To improve my job-seeking skills
- ☐ Career counseling

5. Did you fill out the VR&E (Chapter 31) application form yourself?

- ☐ No, someone else filled it out for me
(SKIP to Q 7)
- ☐ Yes, but someone helped me
- ☐ Yes, filled it out myself

6. What, if anything, did you find to be difficult about the application form? (Mark all that apply.)

- ☐ Print was hard to read
- ☐ It was too long
- ☐ Some questions were not clear
- ☐ Some instructions were confusing
- ☐ Asked for information VA should have already had
- ☐ Asked for information that was difficult to supply
- ☐ Nothing especially difficult

7. When you submitted your application, how completely did you understand the eligibility requirements for the program?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

8. When you submitted your application, how completely did VA explain the steps necessary to qualify for the VR&E program?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

9. How completely did VA keep you informed of the status of your application?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

10. How well was the VR&E staff able to obtain information about your military service, medical records, or disability rating from other parts of VA or the military?

☐ Much better than expected
☐ Better than expected
☐ Just as expected
☐ Worse than expected
☐ Much worse than expected
☐ Don't know

11. After you applied, did you attend a group orientation meeting with Vocational Rehabilitation and Employment staff?

☐ Yes
☐ No

12. Did VA send a letter or call you to set up an individual appointment with a counselor?

☐ Yes (GO ON to Q 13)
☐ No (SKIP to Q 15)
☐ Don't know (SKIP to Q 15)

13. How long did it take from the time you applied to the time you were notified about this individual appointment?

<input type="radio"/> Less than 2 weeks	<input type="radio"/> 8 weeks
<input type="radio"/> 2 weeks	<input type="radio"/> 9 weeks
<input type="radio"/> 3 weeks	<input type="radio"/> 10 weeks
<input type="radio"/> 4 weeks	<input type="radio"/> 11 weeks
<input type="radio"/> 5 weeks	<input type="radio"/> 12 weeks
<input type="radio"/> 6 weeks	<input type="radio"/> 13 weeks or more
<input type="radio"/> 7 weeks	<input type="radio"/> Don't recall

14. How REASONABLE was the length of time it took VA to notify you about this individual appointment?

☐ Very reasonable
☐ Somewhat reasonable
☐ Neither reasonable nor unreasonable
☐ Somewhat unreasonable
☐ Very unreasonable

EVALUATION AND TESTING

15. Have you had your first individual meeting with a counselor to evaluate whether you are entitled to VR&E services?

☐ Yes (GO ON to Q 16)
☐ No, but one is scheduled (SKIP to Q 42, page 4)
☐ No, not scheduled yet (SKIP to Q 42, page 4)
☐ Don't know (SKIP to Q 40, page 4)

16. How long did it take from the time VA NOTIFIED you about the appointment until you had your initial MEETING?

<input type="radio"/> Less than 1 week	<input type="radio"/> 5 weeks
<input type="radio"/> 1 week	<input type="radio"/> 6 weeks
<input type="radio"/> 2 weeks	<input type="radio"/> 7 weeks
<input type="radio"/> 3 weeks	<input type="radio"/> 8 weeks or more
<input type="radio"/> 4 weeks	<input type="radio"/> Don't recall

17. How REASONABLE was the length of time it took to have this initial meeting once VA notified you about the appointment?

☐ Very reasonable
☐ Somewhat reasonable
☐ Neither reasonable nor unreasonable
☐ Somewhat unreasonable
☐ Very unreasonable

18. Who was your primary counselor during the initial evaluation?

☐ A VA staff counselor
☐ A counselor under contract with the VA
☐ Don't know

19. In general, how convenient was the LOCATION of this evaluation?

☐ Very convenient
☐ Somewhat convenient
☐ Neither convenient nor inconvenient
☐ Somewhat inconvenient
☐ Very inconvenient

20. In general, how convenient was the TIME scheduled for this evaluation?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient

21. Did you take any tests as part of your evaluation?

- ☐ Yes
- ☐ No (*SKIP to Q 25*)

22. Did the counselor explain the purpose of these tests?

- ☐ Yes
- ☐ No

23. Did the tests seem appropriate to you for your evaluation?

- ☐ Yes
- ☐ No
- ☐ Don't know

24. Did the counselor explain the test results in a way you could understand?

- ☐ Yes
- ☐ No
- ☐ No results yet (*SKIP to Q 26*)

25. How completely did the results of the initial evaluation match your particular skills and abilities?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

26. During the evaluation, how confident or sure were you that your counselor gave you good information and advice?

- ☐ Very confident
- ☐ Somewhat confident
- ☐ Neither
- ☐ Somewhat unsure
- ☐ Very unsure
- ☐ Don't know

27. During the evaluation, how well did you feel your counselor understood your feelings and concerns?

- ☐ Completely
- ☐ Mostly
- ☐ Somewhat
- ☐ Only a little
- ☐ Not at all

28. Overall, did the EVALUATION process reflect the courtesy, compassion, and respect you would expect as a veteran of the United States?

- ☐ Yes
- ☐ No

29. Aside from scheduled visits, what was the PRIMARY method you used to contact your evaluation counselor? (*Mark only one.*)

- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ E-mail (computer)
- ☐ Letter
- ☐ Unannounced visit
- ☐ Did not need additional communication (*SKIP to Q 34*)

30. How responsive was the counselor to your contact through this method?

- ☐ Very responsive
- ☐ Somewhat responsive
- ☐ Neither responsive nor unresponsive
- ☐ Somewhat unresponsive
- ☐ Very unresponsive

31. Were you generally able to get the information you needed on the first call or contact?

- ☐ Yes
- ☐ No

32. Did you have to repeat the same information to more than one person during the evaluation process?

- ☐ Yes
- ☐ No

33. Were you able to access voice mail in order to leave your counselor a message?

- ☐ Yes, counselor returned call
- ☐ Yes, counselor did not return call
- ☐ No, wasn't able to access voice mail
- ☐ Never tried

34. After the initial evaluation, did VA notify you that you were entitled to VR&E services?

- ☐ Yes, entitled (*SKIP to Q 37*)
- ☐ No, not entitled (*GO ON to Q 35*)
- ☐ Don't know yet (*SKIP to Q 61, page 7*)

35. Did the VA explain why you were NOT entitled to VR&E services?

- ☐ Yes
- ☐ No

36. When you were found NOT ENTITLED, which (if any) of the following resources or programs did VA inform you of? (Mark all that apply.)

- ☐ Other VA educational assistance programs (such as the Montgomery GI Bill)
- ☐ State tuition assistance programs
- ☐ State rehabilitation programs
- ☐ State employment programs (such as DVOP – Disabled Veterans Outreach Program)
- ☐ On-the-job/apprenticeship programs
- ☐ SBA (Small Business Administration) programs
- ☐ Scholarships or grants (such as the PELL Grant)
- ☐ Other: Please specify _____
- ☐ None

37. Once you had your initial meeting with a counselor, how long did it take for VA to determine whether you were entitled to VR&E services?

- ☐ Less than 2 weeks
- ☐ 2 weeks
- ☐ 3 weeks
- ☐ 4 weeks
- ☐ 5 weeks
- ☐ 6 weeks
- ☐ 7 weeks
- ☐ 8 weeks
- ☐ 9 weeks
- ☐ 10 weeks
- ☐ 11 weeks
- ☐ 12 weeks to 16 weeks
- ☐ 17 weeks or more

38. How REASONABLE was the length of time it took VA to determine whether you were entitled to VR&E services, once you had the initial meeting with your counselor?

- ☐ Very reasonable
- ☐ Somewhat reasonable
- ☐ Neither reasonable nor unreasonable
- ☐ Somewhat unreasonable
- ☐ Very unreasonable

39. Overall, how satisfied are you with the way the vocational rehabilitation EVALUATION process was handled?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

If entitled to VR&E services, *GO ON to Q 40*.

If not entitled, *SKIP to Q 61, page 7*.

DEVELOPING A PLAN

40. Who was/is your primary counselor during the planning phase of your program?

- ☐ A VA staff counselor
- ☐ A counselor under contract with the VA
- ☐ Don't know

41. Is this the same counselor who conducted your initial evaluation?

- ☐ Yes
- ☐ No

42. Have you and your counselor developed a plan of services for your rehabilitation?

- ☐ Yes, includes an educational/training phase
- ☐ Yes, but went directly into employment services
- ☐ No, but in the process of developing a plan (*SKIP to Q 52, page 6*)
- ☐ No (*SKIP to Q 61, page 7*)

By filling in the appropriate circle, please indicate whether you **Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, or Strongly Disagree** with the following statements regarding your plan of services:

- | | Strongly agree | Agree | Neither agree
nor disagree | Disagree | Strongly
disagree | Not applicable |
|--|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------|
| 43. You actively participated in developing the plan. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 44. The plan reflects individualized services which meet your specific needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 45. Your counselor spent adequate time and resources in developing the plan. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 46. The plan reflects your intentions and expectations for rehabilitation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 47. The plan is appropriate to achieve your vocational goals. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 48. The plan was designed to minimize aggravation of your disability. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 49. The plan adequately reflects your interests, aptitudes, and abilities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 50. The plan reflects current conditions and characteristics of the job market. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 51. The plan was designed with potential employment/ employers in mind. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

52. In general, how convenient was the **LOCATION** where this **PLAN** was developed or is being developed?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient

53. In general, how convenient was the **TIME** scheduled for developing this **PLAN**?

- ☐ Very convenient
- ☐ Somewhat convenient
- ☐ Neither convenient nor inconvenient
- ☐ Somewhat inconvenient
- ☐ Very inconvenient

54. Aside from scheduled visits, what was the **PRIMARY** method you used to contact your planning counselor?

- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ E-mail (computer)
- ☐ Letter
- ☐ Unannounced visit
- ☐ Did not need additional communication (**SKIP** to Q 59)

55. How responsive was the counselor to your contact through this method?

- ☐ Very responsive
- ☐ Somewhat responsive
- ☐ Neither responsive nor unresponsive
- ☐ Somewhat unresponsive
- ☐ Very unresponsive

56. Were you generally able to get the information you needed on the first call or contact?

- ☐ Yes
- ☐ No

57. Did you have to repeat the same information to more than one person during the planning process?

- ☐ Yes
- ☐ No

58. Were you able to access voice mail in order to leave your counselor a message?

- ☐ Yes, counselor returned call
- ☐ Yes, counselor did not return call
- ☐ No, was not able to access voice mail
- ☐ Never tried

59. Overall, did the **PLANNING** process reflect the courtesy, compassion, and respect you would expect as a veteran of the United States?

- ☐ Yes
- ☐ No

60. Overall, how satisfied are you with the way your vocational rehabilitation **PLAN** of services was developed or is being developed?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

ACCESS TO THE VR&E PROGRAM

61. Looking back to your contacts with the VR&E program thus far, which methods of contact did you **EVER** use?

(Mark all that apply.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

62. In general, how easy was it for you to obtain information from the VR&E program?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

63. Which method of contact with the VR&E program would you prefer, if you could get the same degree of service?

(Mark only one.)

- ☐ In-person visit
- ☐ Phone, 1-800 number
- ☐ Phone, long-distance number
- ☐ Phone, local number
- ☐ Fax
- ☐ Internet, e-mail, or website
- ☐ Letter

CURRENT STATUS IN THE VR&E PROGRAM

64. How would you best describe your **CURRENT** status with regard to the VA VR&E program? (Mark only one.)

- ☐ VA requested I interrupt program
(GO ON to Q 65)
- ☐ VA requested I withdraw from program
(GO ON to Q 65)
- ☐ I voluntarily interrupted program
(SKIP to Q 66)
- ☐ I voluntarily withdrew from program
(SKIP to Q 66)
- ☐ I am currently pursuing program
(SKIP to Q 67)

65. Did VA tell you the reasons why you were interrupted or withdrawn from the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

66. Why did you interrupt or withdraw from the VA VR&E program? (Mark all that apply.)

- ☐ Medical problems
- ☐ Disability
- ☐ Found ineligible or non-entitled to program
- ☐ VA requested that I interrupt or withdraw from program
- ☐ VA took too long to determine eligibility or entitlement
- ☐ Location of counselor's office
- ☐ Financial difficulties
- ☐ Took job
- ☐ Too much red tape
- ☐ Moved/planning to move
- ☐ Used GI Bill (Chapter 30) benefits instead
- ☐ Family responsibilities/difficulties
- ☐ Program did not meet my needs
- ☐ Problems with counselor

67. Do you plan to complete your rehabilitation program now or at some later date?

- ☐ Yes, now
- ☐ Yes, at a later date
- ☐ No
- ☐ Not sure

OVERALL IMPRESSIONS

68. Thus far, how well has the program met your expectations?

- ☐ Much better than expected
- ☐ Better than expected
- ☐ Just as expected
- ☐ Worse than expected
- ☐ Much worse than expected
- ☐ Don't know

69. Have your EDUCATIONAL goals been raised, lowered, or unaffected as a result of your interaction with the VR&E program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

70. Are your educational goals more realistic as a result of the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

71. Have your CAREER goals been raised, lowered, or unaffected as a result of your interaction with the VR&E program?

- ☐ Raised
- ☐ Lowered
- ☐ Unaffected
- ☐ Don't know

72. Are your career goals more realistic as a result of the program?

- ☐ Yes
- ☐ No
- ☐ Don't know

73. Would you recommend this program to other disabled veterans?

- ☐ Yes
- ☐ No
- ☐ Don't know

Go to Question 74, page 9.

Please answer the following questions in reference to your current or most recent experience with the VR&E program. Even if you are not currently participating in the program, please answer based on your most recent experience.

74. Do you have any additional comments concerning how VA could improve its Vocational Rehabilitation Program? (To maintain confidentiality, please do not include your name, address, social security number, or any other identifying information.)

Thank you for taking the time to complete the survey. Your answers are very important to us. Please place the questionnaire in the enclosed postage-paid envelope and return it to:

Questar
P.O. Box 64672
St. Paul, MN 55164-9522



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